PTO/SB/06 (08-03)

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CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	ASIC FEE 7 CFR 1.16(a)) DTAL CLAIMS 7 CFR 1.16(c)) IDEPENDENT CLAIMS 7 CFR 1.16(b)) ULTIPLE DEPENDENT CLAIMS If the difference in column CLAIMS		ER FILED	NUMB	NUMBER EXTRA		RATE	FEE		RATE	FEE
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						J L	+ \$=		OR	+\$=	
* If the difference	e in colum	n 1 is less th	an zero, e	nter "0" in column	2.		TOTAL		OR	TOTAL	L
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¥ 2.21.	OH BI	CLAIMS EMAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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Z Independen (37 CFR 1.16)		3	Minus	<sup></sup> 3	=		< \$=		OR	x \$ =	
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	<del></del>	olumn 1)		(Column 2)	(Column 3)						
15 12.8.0	H RE	CLAIMS EMAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE ,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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Y FIRST PRES	SENTATION	N OF MULTIPL	É DEPENDI	ENT CLAIM (37 CF	R 1.16(d))		+ s) & Ø =		OR	+ 5 3/12	
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** If the "High *** If the "High	nest Numb Iest Numb	er Previously er Previously	Paid For" Paid For"	/ in column 2, writ IN THIS SPACE IN THIS SPACE i Total or Independ	is less than 20, is less than 3, e	3. enter ' nter "3	'20". ".			'	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number		
(	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY						
FOR	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))						\$	OR	TOTIL	\$M10.00	
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	Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)	SMAL	L ENTITY	1	SMALL	ENTITY	
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FIRST PRESENTATIO	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						OR	+ \$=		
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* If the entry in colum ** If the "Highest Numl *** If the "Highest Numb	ber Previously Paid I	or" IN T	HIS SPACE	is less than 20,	enter "20".			'		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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